



CITY OF HAYSVILLE

PO Box 404
200 W. Grand
Haysville, KS 67060
Phone: 316/529-5900 | Fax: 316/529-5925
www.haysville-ks.com

**Change of Zoning
Application**

THE RECEIPT OF MONIES DOES NOT CONSTITUTE APPROVAL OF THE APPLICATION

APPLICANT INFORMATION

Name of Applicant:	Phone:
Mailing Address:	Email:
City, State, ZIP	
Name of Authorized Agent or Additional Applicant:	Phone:
Mailing Address:	Email:
City, State, ZIP	

ZONING INFORMATION

The applicant(s) hereby request(s) rezoning of:	
Legally Described as Follows:	
From Zone:	To Zone:

SIGNATURE

Applicant:	Date:
Agent or Additional Applicant:	Date:

The Haysville Planning Commission may, in certain instances, recommend zoning or rezoning of property located within the city limits. The following items should accompany all requests:

1. Legal description.
2. Proof of ownership.
3. Sketch of property.
4. Certified (prepared by an abstract company) ownership list for all properties within 200 feet of subject property if all property is within the city limits or 1000 feet of subject property if all property is outside the city limits or a combination.
5. Copy of restrictive covenants (if any).
6. Filing fee of \$375.00 paid to the City Clerk as set out in Article 17, Section 309 of the Code of the City of Haysville.

OFFICE USE ONLY	
This application was received at the office of the Planning Commission at _____ (am/pm) on _____, 20____. It has been checked and found to be correct and accompanied by required documents and the appropriate fee of \$375.00.	
Authorized Signature: _____	Title: _____